the nervous system at that time, but the rapid rise of the curve at the end of the first school year is very striking. What does this indicate? It indicates that the latent causes of stuttering which up to now were in a favorable environment, are suddenly thrown into a most unfavorable one; the excitement of the school, the anxiety and nervous strain of the lessons, the fright of speaking before strangers, and the association with other stuttering children, all have a strong influence. This, however, does not entirely explain the situation, for otherwise these same factors would be at work on all the children and we would expect far more stutterers. An explanation is found in a study of the family of these children where hereditary plays an enormously important part. Against such conditions the school is helpless, but much indeed can be done by the teacher who knows something of these matters and who can mitigate the severity of the regime, and can prevent as far as possible all causes which would tend to irritate the nervous system of the child.

The influence of the school on the stammerers is entirely different. The first year of school has almost the opposite influence. At the end of it, over 29% are cured by ordinary instructions in the school, and as the 14th year approaches but 6% remain. If now, I again repeat, the teacher knew something about the elements of this subject, and I think you will grant me, enough has been said to warrant my claim that they should be instructed in the principles of the subject, this percentage could be almost entirely wiped out.

"The time to cure Stuttering is before it begins." These few suggestions should be combined with a regulation of the general health of the child. Just in proportion as his general health is below par, just in that proportion will he stutter. It is a very common experience to have a child almost cured and ready to be discharged and then to have a relapse occur solely and simply on account of an acute coryza. This brings with it a corollary which is also important in many other respects. One of the principal things which must be attended to when the child begins a course of instruction for the cure of stuttering, is a removal of the tonsils and adenoids. The direct influence of these can not be overestimated and their indirect influence is well known to every general practitioner.

Finally of especial importance is the one unbreakable rule that the child himself must never hear the word Stutter. Just the moment that he recognizes that he is different from other children, just at that moment a psychological element comes into play which has a permanent influence on his future and makes the subsequent treatment the more difficult. Remember we are not trying to cure Stuttering, we are simply substituting a normal method of speaking and breathing for an abnormal one.

And finally we must not forget that we can teach the child to speak normally, but if the child himself will not use the means for correct speaking, which we have put into his hands, he will still speak incorrectly.

(Concluded.)

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of December, 1911, the following meetings were held:

Combined meeting of Medical and Urological Sections, Dec. 5th.

1—Analysis of Sixty-Two Cases of Lues Treated with Salvarsan. Louis Gross and W. S. Johnson. Discussed by R. L. Rigdon. (This paper was published in the January issue of the Journal.)

2—Fatal Case of Luetic Myelitis after Intramuscular Salvarsan Injection. V. G. Vecki. Discussed by Leo Newmark.

3—Salvarsan in Nervous Diseases. H. C. Moffitt.

4—Salvarsan in Cutaneous Medicine. Howard Morrow.

5—The Intravenous Application of Salvarsan, with Special Reference to its Technic. Geo. W. Hartman.

General discussion by the following members: Wm. Ophuls, C. M. Cooper, L. S. Schmitt, John C. Spencer, Louis Breitstein, H. R. Oliver, S. J. Hunkin, Wm. Ford Blake, W. C. Alvarez, F. C. Keck, H. C. McClenahan, Geo. D. Culver, Louis Gross, V. G. Vecki.

Annual Meeting, December 12th, 1911.

1—Clinical Laboratory and the Clinician. Rachel L. Ash. Discussed by Wm. Ophuls.

2—Annual Address of President.

3—Reports of Secretary, Librarian and Committees.

4—Election of Board of Directors.

Section on Surgery, December 19th, 1911.

1—Demonstrations. H. B. A. Kugeler. (a) Spontaneous Rupture of a Large Vein on the Surface of a Fibroid Uterus.

J. T. Watkins (b) Astragalectomy (Whitman's Operation). (c) Operation for the Cure of Claw-Foot. (c) Operation for Bunion.

2—Recent Advances in Regional (Local) Anesthesia. Leo Eloesser. Discussed by Dudley Tait, H. B. A. Kugeler, Sol Hyman, J. T. Watkins.

Spontaneous Rupture of a Large Vein on the Surface of a Fibroid Uterus.

Specimen presented at the Section on Surgery of the San Francisco County Medical Society, December 19th, 1911, by H. B. A. Kugeler, M. D.

Miss W., 27 years, German, nurse girl. Never sick in her life; menstruation always regular; occasional pain in the abdomen. She had paid no attention to the very gradual enlargement of the abdomen but always had difficulty in getting a properly fitting corset. On November 16th, 1911, while preparing lunch for her charge, she suddenly collapsed and was found by her mistress lying in a chair blanched and gasping for breath. Dr. W. B. Lewitt was summoned who diagnosed an internal hemorrhage and from the shape and feel of the mass in the abdomen, suspected an extra-uterine pregnancy at term and referred the case to Dr. C. von Hoffman. The latter had her transferred to the Children's Hospital and ordered normal salt transfusion. The patient's relatives who had been notified, desired to have me see the case and Dr. von Hoffman kindly transferred her to me. Under ether anesthesia Dr. von Hoffman made a vaginal examination and pronounced the case not pregnant. So the condition must be one of enormous fibroids. On opening the abdomen enormous quantities of blood escaped, the mass was rapidly delivered, although with considerable difficulty. On its posterior surface was a vein as large as a small finger which had ruptured and from which blood was pouring. Beside the two enormous fibroids the body of the uterus was studded with smaller ones and a supra-cervical hysterectomy, including a removal of both tubes and ovaries, was performed. The patient rallied promptly and left the hospital on the 17th day. The specimen shows how easily it could be mistaken for a foetus.